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Attorney Docket No.: 100752-1P US

1649 #

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number	10/521420
Filing Date	01/14/2005
First Named Inventor	Peter Greasly
Art Unit	1649
Examiner Name	John D. Ulm
Attorney Docket Number	100752-1P US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks Petition for three month extension of time is enclosed herewith. Applicants also file on this day a Continuation. A copy of the Transmittal Form for the Continuation is enclosed.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AstraZeneca AB		
Signature			
Printed name	Christine McCormack		
Date	September 1, 2006	Reg. No.	L0065

### CERTIFICATE OF TRANSMISSION/MAILING

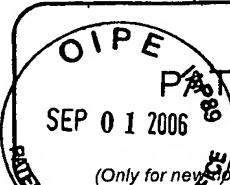
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as ~~first class~~ mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: **Express**

Signature			
Typed or printed name	Heather Randhahn	Date	September 1, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 <p>UTILITY PATENT APPLICATION SEP 01 2006 TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))</p>	Attorney Docket No.	100752-2P US
	First Inventor	Peter Greasley
	Title	METHODS TO IDENTIFY TRUE ANTAGONISTS AND INVERSE AGONISTS OF THE CANNABINOID RECEPTOR
	Express Mail Label No.	EQ 728602469 US

<p><b>APPLICATION ELEMENTS</b>  <i>See MPEP chapter 600 concerning utility patent application contents.</i></p> <p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)  <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.  <i>See 37 CFR 1.27.</i></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 19]  <i>Both the claims and abstract must start on a new page  <i>(For information on the preferred arrangement, see MPEP 608.01(b))</i></i></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]</p> <p>5. Oath or Declaration [Total Sheets 1]      a. <input type="checkbox"/> Newly executed (original or copy)      b. <input checked="" type="checkbox"/> A copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 18 completed)</i>      i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <i>Signed statement attached deleting inventor(s)      name in the prior application, see 37 CFR      1.63(d)(2) and 1.33(b).</i></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or      Computer Program (Appendix)  <input type="checkbox"/> Landscape Table on CD</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission  <i>(if applicable, items a. – c. are required)</i>      a. Computer Readable Form (CRF)      i. <input type="checkbox"/> Computer Readable Form (CRF)      ii. <input type="checkbox"/> Transfer Request (37 CFR 1.821(e))      b. Specification Sequence Listing on:      i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or      ii. <input checked="" type="checkbox"/> Paper      c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</p>	<p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))      Name of Assignee AstraZeneca AB</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement  <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (PTO/SB/08 or PTO-1449)  <input type="checkbox"/> Copies of foreign patent documents,      publications, &amp; other information</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).      Applicant must attach form PTO/SB/35 or equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Copy of Transmittal form and Request for      Extension of Time for parent case 10/521,420</u></p>	
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No.: 10/521420

Prior application information: Examiner John D. Ulm Art Unit: 1649

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> The address associated with Customer Number:	44992	<b>OR</b>	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Email Address	
Signature	<i>Christine McCormack</i>		Date
Name (Print/Type)	Christine McCormack		Registration No. (Attorney/Agent)
			L0065

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